

Name: Address:

## PECEWED

FEB 1 9 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

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ROBERT N. EATON		Office: ☑ House ☐ Senate
Mailing address	тейна эдины <b>нег</b> е акталичены начыны күр ж. 2, штуы жага <b>назагин</b> ататата жага тауыны жылыкта ж. 2, 2, 2, 2, 2, 2, 2	✓ House ☐ Senate
P.O. BOX 264		34
City, zip code	теб ө т. 40% (Ашиндан тырыттанда бер естемберен болык) — кыз мунут тыңызын тайында 4,4 т.б. үлкөн шанасын айына	Phone
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PART 1. INCOME DERIV	/ED FROM EMPLOYMENT BY AN	IOTHER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type or
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Name of Employer	Address	Principal Type of Economic Activity of Employer
STATE OF MAINE	AUGUSTA	Gov'T
317710 31 10710		
TO AND THE SET OF THE	7944 in the en number enter that in earliest. Under the considerate enter that it is a final considerate place.	THE CHARGE TO CHARAGE STORM IS CHARGE TO PLANE STORM IN THE PROSPECT OF THE STORM IN THE STORM I
MAINE COAST MEM. HOS	PITAL BUSWORTH	HOSPITAL
Better the section of		Contract to the contract of th
	ERIVED FROM SELF-EMPLOYME tors who are self-employed.)	NT ·
<ul> <li>A. List the name and address of your business, if any, and associated with a partnership, firm, professional association</li> <li>entity.</li> </ul>	d list the major areas of economic activen, or similar business entity, list the m	rity from which you derived income. If ajor areas of economic activity of that
and the second s	AND THE REPORT OF THE PROPERTY	Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar
Name:		business entity)
vame:		

PART 2 (co	ontinued). INCOME DER (For Legislators who	IVED FROM SELF-EMPLO are self-employed.)	OYMENT	
B. List each source of income derived from greater, and specify the principal type of disclosure is prohibited by law, rule, or an entity or person from whom the income with the property of	f economic activity of the en established code of professi	tity or person from whom you	u derived such inco	me. If this form o
Name	and Address of Source		Activity of Entit	pe of Economic y or Person Who is of the Income
Name:		en e	and the second second	all selections and the selection of the
Address:				
The Control of the Co		interripe to the instrument means and an experience of a single order.	and the second section of the section of the second section of the section of the second section of the section of th	ant ann ann an seo agus a tha tha ann an a
Name:			*i !	
Address:		•	į.	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PART 3. MAJOR AR (For Legislators who are			i da esta de la compositión
List your major areas of practice. If assoc	iated with a law firm, list the r	ображения до на придости и подрогия и выполняем для подрожения динности и подрожного выполняем и подрожного выполняем и	et til 1945 saggi til et englige ett ett ett ett ett ett ett ett ett e	ontanion a viva amorane de secono
Name and Addr	ess of Firm	Major Areas of F (self)	ractice Major	Areas of Practice (firm)
Name:				
Address:			AND THE RESIDENCE SHELLOW CONTRACT OF THE PERSON CONTRACT OF THE PER	e-dampasa ang masa ng
Name:			innes elsa	
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AE 医加度性心脏性性炎性炎性炎症状炎症状 计算	PART 4. OTHER SOL	IRCES OF INCOME		
List each source of income of \$1,000 or m	ore <u>not listed</u> in Parts 1, 2, or	3 of this form. Do not include	gifts. If none, chec	k the box.
None	and the president section of the president section in the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section in the president section is a section of the president section of the president section is a section of the president section of the president section is a section of the president section of the president section is a section of the president section of the president section is a section of the president section of the pre	with the state of	Pis pyggin www. www. p. pyggin www.	an experimental for the sound with the sound of the sound
Name	and Address of Source			f Income s, leases, etc.)
Name:				
Address:	a africana	ti v vitt v volet i	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Name:				
Address:		•		÷
garanta and a second a second and a second a	PART 5. REPORTA	BLE LIABILITIES		
List the names of creditors for any unsec areas of economic activity of each creditor.				
None	· .	er en reger en	• • • • •	
	and Address - FO		Principal Tvo	e of Economic
Name a	and Address of Créditor			of Creditor
Name:			•	
Address:				
Name:	/			•

Address:

PART 6	REPORTABLE GIFTS
st the specific source of each gift of more than \$300. Inc none, check the box.	lude gifts with an aggregate value of more than \$300 from a single source. If
None	TO THE COLOR OF THE PROPERTY OF THE COLOR OF
Name of Source of Gift  1.	Name of Source of Gift 3.
2.	4.
PART 7. RI	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances or	r speeches related to your legislative responsibilities. If none, check the box.
None	тт в оборно в общено в 10 том в бол объемент в объемент
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
and the second state of the second of the se	
2.	4.
The state of the s	TATION BEFORE STATE AGENCIES
List each executive branch agency before which you represe box.	ented or assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
	o recorded in the second of th
	· 3.
2.	4.
PART 9. BUSIN	IESS WITH STATE AGENCIES
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family sold goods or services with a value in excess of
None	The state of the s
Name of Agency	Name of Agency
The second control of the control of	Seminates reference in the control of the control o
2	4.
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	and the control of th
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income Income Received
Name: CANDACE EATON	1. EMPLOYMENT Spouse or 1. WAGE
Job Title: PROGRAM DIRECTOR	2. Domestic 2.
HADCOCK CTY CHILDRENS	3. Partner 3.
COUNCIL	Dependent
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	Child Dependent
activity and the kind of income.	Child
	Dependent Child

List any for-profit or nonprofit corpora	ation, firm, association, pa	artnership or business	in which you or a me	ember of your immed	diate family he
any office, trusteeship, directorship, owas compensated. If a family memb					rthe position
☐ None					
Organization/Bus and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
MAINE CHILDRENS AUGUSTA	TRUST	BOALD MEMBER	SPOUSE	CANDACE	100
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	-				
he intentional filing of a false sta	tement is a Class E cri	ime. If the Commiss	sion concludes tha	t it appears that a	
he intentional filing of a false sta	tement is a Class E cri	t is subject to a fine of the commission.	sion concludes tha General. (1 M.R.s	t it appears that a	
he intentional filing of a false stardilfully filed a false statement, it s  Signature	tement is a Class E crihall refer its findings of ADDITIO	t is subject to a fine of ime. If the Commiss of fact to the Attorney	sion concludes tha General. (1 M.R.s 2 - / Y - D	t it appears that a S.A. § 1019)	Legislator ha
Legislator who willfully fails to file intentional filing of a false stary willfully filed a false statement, it is signatured.  Please provide any additional information you are providing. Part/Section Number	tement is a Class E crihall refer its findings of ADDITIO	t is subject to a fine of ime. If the Commiss of fact to the Attorney	sion concludes tha General. (1 M.R.s 2 - / Y - D	t it appears that a S.A. § 1019)  rate  e the part or section	Legislator ha
The intentional filing of a false stary illfully filed a false statement, it so a false provide any additional information you are providing.	tement is a Class E crihall refer its findings of ADDITIO	t is subject to a fine of ime. If the Commiss of fact to the Attorney	ion concludes tha General. (1 M.R.s	t it appears that a S.A. § 1019)  rate  e the part or section	Legislator ha